

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047459

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 148

FILED DEC 28 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rock</b>		c. CITY OR TOWN <b>Kimmswick, Mo.</b>	
Length of stay in 1b <b>?</b>		Inside Limits <b>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR BODY FOUND IN FIELD INSTITUTION <b>near Kimmswick, Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>Kimmswick, Mo.</b>	
Inside Limits <b>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></b>		Reside on Farm <b>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></b>	
3. NAME OF DECEASED (Type or print) <b>Joseph RAY - GARCIA</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>?</b> Year <b>1962</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May 30, 1946</b>
9. AGE (last birthday) <b>16</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>	
11. BIRTHPLACE (City and state or country) <b>Michigan</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Joseph Garcia Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Dovie Llewelyn</b>	
14. NAME OF HUSBAND OR WIFE <b>Single</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>William Llewelyn Kimmswick, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Not Determined -</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Body 95% Decomposed - No</b>	
20c. TIME OF INJURY Hour <b>?</b> a.m. <b>?</b> p.m. <b>?</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Skeletal TRAUMA</b>		20f. CITY, TOWN, OR LOCATION <b>Imperial, Mo.</b>	
20g. COUNTY <b>Jefferson</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>Coroner's View</b> to <b>UNKNOWN</b> and last saw her alive on <b>UNKNOWN</b> Death occurred at <b>UNKNOWN</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Jane C. Pehan</b> (Degree or title) <b>Coroner</b>		22b. ADDRESS <b>Festus Mo</b>	
22c. DATE SIGNED <b>12-2-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec 4, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rauschenbach Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Imperial, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Heiligttag</b>		25. DATE RECD. BY LOCAL REG. <b>12-4-62</b>	
ADDRESS <b>Imperial, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>	

JAN 4 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by NOT EMBALMED, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elmer A. Aligtag

Licensed Embalmer No. 3571

P. O. Address Imperial MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting!

If this body is not embalmed, fact should be so stated above.